2005 NOT-FOR-PHOFII CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Nan	MENT # 713430 TRAIL CHURCH OF CHRIST		FILED Feb 09, 2005 08:00 AM Secretary of State				
Principal Place of Business 5601 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 US		Mailing Address P O BOX 19825 SARASOTA FL 34276-2825 US		1120111 10006	FIELD FIELD GOOD OF THE STREET STATES	III <b>ain</b> i: <b>ain</b> i: <b>ass</b> : <b>ai</b>	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		- Suite, Apt. #, etc.		1st MC	OORE CR2EC	037 (10/04)	
City & State		City & State		4. FEI Number 5	EO 040E070		oplied For
Zip	Country	Žíp	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Add	ress of New Registered	d Agent	
920	OK, BRUCE A 11 PALMER BLVD RASOTA FL 34240		Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code	e
	named entity submits this statement to tions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in	the State of Florida. I a	n familiar with,	and accept
SIGNATURE							
0.0.0.0.0	Signature, typed or printed name of registered ager		E Registered Agent signature requi	red when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Car	mpaign Financing Contribution,	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	
10,	OFFICERS AND D		11.	ADDITIONS/CHANGE	S TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOK, BRUCE A 9201 PALMER BLVD SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/1	U00000222372 09/05-80072-0	□ Change 23 61.25	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIPP, KENNETH O. JR. 4745 SPRING MEADOW LN SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRITT, HAROLD 8856 ETERA DR SARASOTA FL 34238	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D PARK, DAVID 2408 APPALOOSA CIR SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D STILBER, TOM 6535 WATER FORD CIR SARASOTA FL 34238	□ Delete	THTLE NAME STHEET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HITLE NAME STREET ADORESS CITY-SI-ZIP			☐ Change	☐ Addition
of the cor	I certify that the information supplied wit I on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address,	lowered to execute this report	as required by Chapter 6	Section 119.07(3)(I), Floes same legal effect as it 17, Florida Statutes, and	rida Statutes I further of made under oath, that d that my name appears	ertify that the in I am an officer in Block 10 or	nformation or director Block 11 if